



Business License Application

Today's Date:

MM/DD/YY

/ /

Time:

Licensing Fees

Make checks payable to: Town of Erie

General Business Retail & Wholesale Sales, Offices & Service Occupation..... \$50.00

Manufacturing or Assembly \$100.00

PLEASE TYPE OR PRINT CLEARLY and COMPLETE **BOTH** SIDES OF APPLICATION

Business Contact Information

Applicant/Owner Name: _____

Business Name/DBA/Trade Name: _____

Physical Address of Business: _____

City: _____ State: _____ Zip: _____

Mailing Address of Business: _____

City: _____ State: _____ Zip: _____

Corporate Address (if applicable): _____

City: _____ State: _____ Zip: _____

Business Phone No.: _____ Fax No.: _____ Emergency No.: _____

Email: _____ Website: _____

Business Information

Type of Ownership (check one): Sole Proprietor: _____ Partnership: _____ LLC: _____ Corporation: _____ Other: _____

NAIC Code: _____ Tax ID #: _____

Type of Business: Retail: _____ Wholesale: _____ Manufacturing: _____ Service: _____ Other: _____

Description of Business: _____

Erie Located Businesses - Please Complete:

Physical Address Building Owner Name: _____

Building Owner Mailing Address: _____

Emergency Contact Name/Phone No.: _____

Will there be any building alterations or fixed equipment, signs, fencing, or paving be installed? No _____

If Yes, please describe: _____

Itemized Use of Space (square feet):

Indoor Sales Area: _____ Outdoor Sales/Display Area: _____ Office: _____

Indoor Storage/Manufacturing/Warehousing Area: _____ Assembly No. of Fixed Seats: _____

Note: Additional details regarding size of use areas and parking availability may be requested (Town of Erie UDC 10.6.6)

No. of Full-Time Employees: _____ No. of Part-Time Employees: _____

Max. No. of Employees on Site at Peak Hours: _____

Town of Erie Community Development Department 645 Holbrook Street PO Box 750 Erie, CO 80516
phone 303.926.2770 fax 303.926.2706 www.erieco.gov

Affidavit for Lawful Presence Verification

This affidavit is mandatory in accordance to Colorado House Bill 06S-1023 (C.R.S. 24-76.5-103) and shall be submitted along with a copy of one of the accepted forms of identification to prove lawful presence in the United States. Colorado law requires the Town of Erie to verify all natural persons 18 years or older or sole proprietors who are applying for public benefit are lawfully present in the United States prior to receiving public benefit. A public benefit includes the application or a renewal of a grant, loan, contract, and professional or commercial license provided by an agency for the state or local government. Check one and complete as identified:

___ Natural Persons or Sole Proprietors:

I, (print name) _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

___ I am a United States Citizen; or

___ I am a Permanent Resident of the United States; or

___ I am lawfully present in the United States pursuant to Federal Law.

___ Corporations, Partnerships, or Companies:

The applicant, for whom I am authorized to sign, is not a natural person or sole proprietorship, but a corporation, partnership, company, or other similar entity. 11306-1023 is not applicable.

ALL:

- I understand that this sworn statement is required by law because I have applied for a "Public Benefit".
- I understand state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit.
- I have attached a copy of one of the acceptable documents provided by the State of Colorado and the Town of Erie and I presented it to the agency as proof of identification that: I am least 18 years of age and I am lawfully in the United States. (Acceptable documents: CO Driver's License, CO ID Card, US Military ID, or Dependent's ID, US Coast Guard Merchant Card, or Native American Tribal Document)

I hereby certify and state, under penalty of perjury, that I am the applicant and/or authorized representative in the foregoing application, herein stated information is correct to the best of my knowledge and belief. I further acknowledge that failure to complete this application will result in processing delays and may render the Town of Erie unable to process my request or issue a business license.

Print Name: _____

Title: _____

Signature: _____

Date: _____

☐ Check box if you would like to receive periodic Economic Development Information from the Town of Erie.

☐ Check box if you would like to receive periodic business assistance information.

What type of business assistance information is important to you (check all that apply):

Marketing ___ Networking ___ Financing ___ Staffing ___ Business Planning ___ Emergency Preparedness ___

Staff Use Only:

Proof of Lawful Presence Document Provided: _____

Zoning Designation: _____ *Use Allowed (circle):* Yes No *Special Use Review Req.* Yes No

Fee Amount Paid: \$ _____ *Cash:* _____ *Check No.:* _____ *Credit Card:* _____

Reviewed By: _____ *License No. Issued:* _____

C.O. Issuing Staff: _____ *Date Inspected:* _____

Comments: _____
